



## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	10/822230
Filing Date::	04/09/04
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	NOVEL ENCOCHLEATION METHODS, COCHLEATES AND METHODS OF USE
Attorney Docket Number::	BSZ-050
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	161
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Raphael
Middle Name::	J.
Family Name::	MANNINO
City of Residence::	Annandale
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	36 Meadowview Drive

City of mailing address:: Annandale  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 08801

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Susan  
Family Name:: GOULD-FOGERITE  
City of Residence:: Annandale  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 6 Cynthia Court  
City of mailing address:: Annandale  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 08801

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Sara  
Middle Name:: L.  
Family Name:: KRAUSE-ELSMORE  
City of Residence:: Kearny  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 100 Maple Street  
City of mailing address:: Kearny  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07032

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: David  
Family Name:: DELMARRE  
City of Residence:: Jersey City  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 20 Second Street, Apt. 306  
City of mailing address:: Jersey City  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07302

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: China  
Status:: Full Capacity  
Given Name:: Ruying  
Family Name:: LU  
City of Residence:: New Providence  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 47 Newcomb Drive  
City of mailing address:: New Providence  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07974-1728

#### **Correspondence Information**

Correspondence Customer Number:: 00959

#### **Representative Information**

Representative Customer Number:: 00959

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/461483	04/09/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/463076	04/15/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/502557	09/11/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/537252	01/15/04
This Application	An application claiming the benefit under 35 USC 119(e)	60/499247	08/28/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/532755	12/24/03
This Application	An application claiming the benefit under 35 USC 119(e)	<del>60/XXX,XXX</del> <u>60/556,192</u>	03/24/04